

## *Employee Contributions To Medical Programs*

For monthly paid employees who are **not** members of the IBEW Union or the SCSPA Union: (as of April 1, 2005)

Annual Base Salary*	Plan	Monthly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 38.95	\$ 72.65	\$110.02
	CIGNA Open Access PPO	\$ 47.98	\$100.96	\$138.50
	HIP HMO	\$ 34.64	\$ 63.25	\$100.70
	Vytra PPO	\$ 37.69	\$ 75.42	\$108.77
\$40,000 - \$69,999.99	Aetna HMO	\$ 58.43	\$108.98	\$165.03
	CIGNA Open Access PPO	\$ 71.96	\$151.43	\$207.75
	HIP HMO	\$ 51.96	\$ 94.87	\$151.05
	Vytra PPO	\$ 56.54	\$113.13	\$163.16
\$70,000 - \$99,999.99	Aetna HMO	\$ 74.01	\$138.04	\$209.04
	CIGNA Open Access PPO	\$ 91.15	\$191.82	\$263.15
	HIP HMO	\$ 65.81	\$120.17	\$191.33
	Vytra PPO	\$ 71.62	\$143.29	\$206.67
\$100,000 and over	Aetna HMO	\$ 93.48	\$174.36	\$264.05
	CIGNA Open Access PPO	\$115.14	\$242.29	\$332.40
	HIP HMO	\$ 83.13	\$151.80	\$241.68
	Vytra PPO	\$ 90.46	\$181.00	\$261.06

For weekly-paid employees who are **not** members of the IBEW Union or the SCSPA Union: (as of April 1, 2005)

Annual Base Salary*	Plan	Weekly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 8.99	\$16.77	\$25.39
	CIGNA Open Access PPO	\$11.07	\$23.30	\$31.96
	HIP HMO	\$ 7.99	\$14.60	\$23.24
	Vytra PPO	\$ 8.70	\$17.40	\$25.10
\$40,000 - \$69,999.99	Aetna HMO	\$13.48	\$25.15	\$38.08
	CIGNA Open Access PPO	\$16.61	\$34.95	\$47.94
	HIP HMO	\$11.99	\$21.89	\$34.86
	Vytra PPO	\$13.05	\$26.11	\$37.65
\$70,000 - \$99,999.99	Aetna HMO	\$17.08	\$31.85	\$48.24
	CIGNA Open Access PPO	\$21.04	\$44.27	\$60.73
	HIP HMO	\$15.19	\$27.73	\$44.15
	Vytra PPO	\$16.53	\$33.07	\$47.69
\$100,000 and over	Aetna HMO	\$21.57	\$40.24	\$60.93
	CIGNA Open Access PPO	\$26.57	\$55.91	\$76.71
	HIP HMO	\$19.18	\$35.03	\$55.77
	Vytra PPO	\$20.88	\$41.77	\$60.24

For weekly paid employees who **are** members of the IBEW Union:

Plan	Weekly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
Aetna HMO CIGNA PPO HIP HMO Vytra HMO	3% of Base Salary*	3.5% of Base Salary*	4% of Base Salary*

For weekly paid employees who **are** members of the SCSA Union:

Annual Base Salary*	Weekly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Less than \$30,000	\$ 5.22	\$ 7.98	\$10.73
\$30,000 to \$39,999.99	\$ 7.43	\$11.00	\$14.85
\$40,000 to \$59,999.99	\$ 9.63	\$14.30	\$19.25
\$60,000 to \$79,999.99	\$12.67	\$19.03	\$25.37
\$80,000 and over	\$16.48	\$24.74	\$32.98

\*The base salary category for eligible part-time employees is based on their full-time equivalent salary.

You may pay for medical coverage on either a before-tax (salary reduction) basis or an after-tax (salary deduction) basis through your paycheck.